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CONFIRMATION NO. 5117

<b>SERIAL NUMBER</b> 10/520,072	<b>FILING OR 371(c) DATE</b> 12/09/2005 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 0579-1081
<b>APPLICANTS</b> Francois Malecaze, Toulouse, FRANCE;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR03/02021 06/30/2003  <b>** FOREIGN APPLICATIONS *****</b> FRANCE 02/08338 07/03/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 26
			<b>INDEPENDENT CLAIMS</b> 2	
<b>ADDRESS</b> 00466				
<b>TITLE</b> Accommodative intraocular lens				
<b>FILING FEE RECEIVED</b> 1460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	